



Notification of Termination of Federal Assistance

AFFORDABLE HOUSING PRESERVATION ORDINANCE DEPARTMENT OF HOUSING

121 North LaSalle Street, Room 1006 Chicago, IL 60602

Name and Address of Development:	
Address:	
City/State:	Zip:
Telephone #:	
Name:	
Address:	
City/State:	Zip:
Telephone #:	
Is the Owner evennt under Section	8 of the Federally Assisted Housing Preservation Act from
	its /_/Yes or /_/, and if exempt, the basis for the exemption:
-	/
Number of buildings:	Number of Dwelling Units:
Number each Bedroom type:	Number of Dwelling Units:
Number each Bedroom type: Number of Commercial Units:	
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter	minate Federal or Federally insured mortgage or insurance:
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use	minate Federal or Federally insured mortgage or insurance:
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use	rminate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate:
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Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use of the self of the se	rminate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate: of property by a check mark below: eveloper /_/
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use of the self of the self or otherw Please indicate planned disposition of the self of the self or otherw Sale to Affordable Housing Desale to private purchaser as/for	rminate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate: of property by a check mark below: eveloper /_/
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use of Please indicate planned disposition of Sale to Affordable Housing De Sale to private purchaser as/for Condominium Conversion /_/	minate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate: of property by a check mark below: eveloper /_/ r market rate rental /_/
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use in Please indicate planned disposition of Sale to Affordable Housing Desale to private purchaser as/for Condominium Conversion /_/ Extend existing affordability /_	rminate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate: of property by a check mark below: eveloper /_/ r market rate rental /_/
Number each Bedroom type: Number of Commercial Units: Date owner intends to prepay or ter Date owner intends to sell or otherw Date each contract, subsidy, or use in Please indicate planned disposition Sale to Affordable Housing De Sale to private purchaser as/for Condominium Conversion /_/ Extend existing affordability /_ Maintain as affordable rental,	minate Federal or Federally insured mortgage or insurance: vise dispose of property: restriction will terminate: of property by a check mark below: eveloper /_/ r market rate rental /_/

	Please complete a detailed list of all existing affordability restrictions applicable to the development and the units to which these restrictions apply, (include bedroom size for each unit).
))	Attach a copy of the development's current rent roll, including each unit and the monthly rent charged for each unit:
	11) List the address and unit no. of all vacant units:
)	Please attach a statement of the development's vacancy rate during the preceding 12 months:
)	Please attach a statement of the development's current income and operating expenses:
	Please attach a detailed list of all capital expenditures for the development within the last 24 months.
	Please indicate the amount of project reserves;
	Please attach copies of all financial and physical inspection reports filed with federal, State or local agencies for the most recent proceeding 2 calendar years;
	If the owner intends to sell or otherwise dispose of the development, state the owner's asking price for the development (attach a copy of any executed sales contract);
	Give a complete detailed list of all affordability restrictions, if any, applicable to the planned disposition of the development.
ttes	st That the Above Information is True, Correct and Complete to the Best of my Knowledge:
nat	ture:Date:
ne	(print): Title:

Please return to, and address questions regarding this form to Starr Campbell, Project Coordinator, at Starr.Campbell@cityofchicago.org / (312) 744-5409